

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-038078

STATE FILE NUMBER

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

9553

DO NOT WRITE
ON THIS STUB

AMENDED

FILED OCT 4 1963

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN St. Louis

Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

c. CITY
OR
TOWN

St. Louis

Inside Limits
Yes ☐ No ☐

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION Missouri Baptist Hosp.

Inside Limits
Yes ☐ No ☐

d. STREET ADDRESS (If outside, give location)

5617 Vernon Ave.

Reside on Farm
Yes ☐ No ☐

3. NAME OF DECEASED
(Type or print)

First

ERNEST

Middle

AUGUST

Last

SUDBRINK

4. DATE OF DEATH

Month

Day

Year

September 23, 1963

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☐ Never Married ☐

Widowed ☒ Divorced ☐

8. DATE OF BIRTH

June 15, 1886

9. AGE (last birthday)

77

IF UNDER 1 YEAR

Months Days

IF UNDER 24 HR

Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Certified Public Acct.

10b. KIND OF BUSINESS OR INDUSTRY

Accounting

11. BIRTHPLACE (City and state or country)

Terre Haute, Ind.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

William August Sudbrink

13b. MOTHER'S MAIDEN NAME

Catherine Sophie Koch

14. NAME OF HUSBAND OR WIFE

Grace Wilkinson Sudbrink

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Mrs. Murpha Coston, 5617 Vernon

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Carcinoma of Colon 1 yr. with metastases 153.8

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from Aug 1, 1963 to Sept. 23, 1963 and last saw him alive on Sept. 23, 1963. Death occurred at 3:11 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

3720 Washington Blvd.

22c. DATE SIGNED

9/24/63

23b. BURIAL, CREMATION, REMOVAL (Specify)

Removal

23c. DATE

Sept. 26, 1963

23d. NAME OF CEMETERY OR CREMATORY

Valhalla Cemetery

23e. LOCATION (City, town, or county)

St. Louis County, Missouri

24. FUNERAL DIRECTOR

ADDRESS

Ambruster Mortuary, 6633 Clayton Rd.

25. DATE RECD. BY LOCAL REG.

SEP 24 1963

26. REGISTRAR'S SIGNATURE

Paul Smith, M.D.

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

11-14-63

6-15-1886 - 77-3-8

77-2-23

11-14-63

August Sudbrink

William Sudbrink

11-14-63

August Sudbrink

Catherine Sophie Koch

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*Dr Richard Jones
3720 Washington Blvd
Room 235*

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

~~or by~~ _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Richard J. Jones

Licensed Embalmer No. 4788

P. O. Address St. Louis Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.